P14000056345

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100276490511

08/31/15--01017--002 **35.00



SEP - 2 2015 C McNAIR

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: authorized advanced beneral Contractors Inc. (Name of Corporation)
DOCUMENT NUMBER: P-14 0000 563 45
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CARBALLO YORNYS (Name of Person)
Authorized Dolanced General Contractors Inc (Name of Firm/Company)
1065 985T H7 (Address)
BAY HARBOR JSLAND FL 33154 (City/State and Zip Code)
For further information concerning this matter, please call:
Boursles Eduic at (186) 98-86737 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Arkallo, YODNIS, hereby resign as (Title)	3
of Av thorized Advanced General Contract (Name of Corporation) (Title)	o me
(Name of Corporation) P. 140000 56345, a corporation organized under the laws of the State of Cocument Number, if known) Flore da	of
- 1 (Sta da	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314